Approved for use through 7/31/2006. OBB 0651-0032  U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number.  PATENT APPLICATION FEE DETERMINATION RECORD //  Application of Docket Number.												
	PAI	ENI APPLIC	Substitu	RECORD	in 3	Applica ()	cation of Docket Number					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL	ENTITY	OR	R THAN . ENTITY		
FOR		NUMBI	BER FILED NUME		ER EXTRA	R EXTRA RATE		FEE	<b>1</b>	5.25		
BASIC FEE (37 CFR 1.16(a))									1 :	RATE	FEE	
TOTAL CLAIMS (37 CFR 1.16(c))			minus 20 = •		· · · ·	1   <del></del>		\$	OR	<u></u>	\$	
INDI	EPENDENT CLAI	MS		<del></del>		┨╏	X \$=		OR	X \$=	1	
(37 CFR 1.16(b))			minus 3	= • .		_ X \$=			OR	X \$=	ħ	
MUL	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(d))								OR	+ \$=		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL	L	OR	TOTAL		
٠.	CLAIMS AS AMENDED - PART II							•		·.		
<u> </u>	(Column 1) (Column 2) (Column 3)						SMALL	ENTITY	OR ,	OTHER THAN SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
OME	Total (37 CFR 1.16(c))	29	Minus	- 60	=0	<b> </b>	X \$ - =.	FEE			FEE	
EN	Independent (37 CFR 1.16(b))	. (0	Minus		= <b>B</b>	lt	X \$ =		OR	X \$=	1	
AM	FIRST PRESENT	ATION OF MULTIPLE	E DEPENDE	NT CI AIM (37 CE	~	lt			OR	X \$=	· \	
$\overline{}$	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+s=		OR	+ \$=	- \	
							ADD'L FEE	•	OR	ADD'L FEE		
		(Column 1)		(Column 2)	(Column 3)						_ `	
AMENDMENT B	Total	REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	AC). TIO, KAL FEE	
ğ	(37 CFR 1.16(c))		Minus		=		x \$=		OR	X \$ =	:	
Æ	Independent (37 CFR 1.16(b))		Minus	***	=		x \$=		OR	x \$ =	<u>·</u>	
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+\$=		OR	+.s =	· · · · · · · · · · · · · · · · · · ·	
							TOTAL ADD'L FEE	•	OR	TOTAL ADD'L FEE		
		(Column 1)		(Column 2)	(Column 3)		•			•	•	
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	٠.	RATE	ADDI- TIONAL	
S	Total (37 CFR 1.16(c))	•	Minus	**	=		x \$ =			x \$_ =	FEE	
AMENDMENT	Independent (37 CFR 1.16(b))	•	Minus	***			X \$=		OR OR	X \$=		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					Γ	+ \$=	·	OR	+ : =	· ·	
	If the out-of-	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE							
	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.  This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a security of the property of											

Inst collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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		CLAIMS A	S FILED (Column			ımn 2)	ŠA	MALL E	•			R THAN ENTITY
T	OTAL CLAIMS	} 					Γ	RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED NUMBI		BER EXTRA	В	ASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			minus 20= *		*			X\$ 9≃		OR	X\$18=	
Z	DEPENDENT C	LAIMS	minus 3 =		•		·  -	X42=	<del> </del>	1	You	<del> </del>
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT				$\vdash$			OR	A04=	·
* 1	the difference	in column 1 is	less than z	ero enter	*0° in (	Shimo 3	L	+140=		OR	+280=	
•						WIGHT Z	1	TOTAL	<u> </u>	OR	TOTAL	
		LAIMS AS A (Column 1)	MICHUEL	J - PAR Colum		(Column 3)	s	MALL	ENTITY	OR	OTHER SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 50	Minus	. 3	3	=17	<b>5</b>	X\$ 9= ·		ÓR	X\$18=	30b.00
AME	Independent	1. 7	Minus	###	9	= 02	7	X42=		OR	X84=	172,20
	FIRST PRESE	ENTATION OF MU	JLTIPLE DE	PENDENT	CLAIM		<b> </b>	140=		OR	+280=	1 /2100
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	· .	(Column 1)		(Colun	nn 2)	(Column 3)	ADO	OIT. FEE		ION .	ADDIT. FEE	L
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	EST BER JUSLY	PRESENT EXTRA	F	PATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N	Total	· 100	Minus	# 50	)	-40	×	(\$ 9=		OR	X\$18=	180.0
AME	Independent	• 7	Minus	***	1	= 10	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(42=		OR	X84=	
	. MOI PRESE	NTATION OF MU	LI IPLE DEF	ENDENT	CLAIM			140=	•	OR	+280=	
				•				TOTAL			TOTAL ADDIT. FEE	180,00
	<u> </u>	(Column 1)		_(Colum	n 2)	(Column 3)	<i>م</i> لان	ni. F <b>CC L</b>		• /	WUII. FEE	· U - · O /
AMENDMENI C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST ER USLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL CFEE
	Total	. 60	Minus	* 6	0	=Ø	X	\$9=		OR	X\$18=	1
	Independent		Minus	REF	1	<b>=Ø</b>	-	42=		ı	X84≈	<del>\</del>
1	FIRST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT	CLAIM		<u> </u>			OR		
• й	the entry in colum	nn 1 is igee than the	a entry in cohe	ma 2 write <sup>4</sup>	in cole	ımn 3 👉	1	40=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ** ADDIT. FEE  ** ADDIT. FEE												
ĭ	he *Highest Num	ber Previously Paid	For (Total or	Independer	1) is the l	highest number	found in	n the appr	opriate box	in cotu	Imn 1.	

**Application or Docket Number**